Fact Sheet AB 217 (Beall)

Direct Billing for Screening and Brief Intervention Services

PROBLEM

Fetal alcohol syndrome is one of the leading known preventable causes of birth defects and developmental disabilities. Prenatal exposure to alcohol, tobacco and other drugs have been proven to severely damage the development, formation and functioning of the fetal brain. According to the US Center for Disease Control, approximately one in twelve pregnant women admit to consuming alcohol and one in thirty pregnant women said they had engaged in binge drinking.

Effective prevention, intervention and screening can reduce the incidence of exposed infants while significantly reducing long term healthcare costs. However, despite the evidence of the benefits, screenings and brief interventions have not yet been widely used in primary care settings, emergency rooms, state licensed facilities and clinics.

Screening and Brief Intervention evaluates patients for potential substance abuse by asking a series of 5 questions about their potential substance use. The questions can easily be integrated into the initial prenatal visit and used for follow-up screening throughout the pregnancy.

If the patient screens positive indicating they are *at risk* for alcohol or other substance abuse, the provider will recommend a *brief* intervention involving one or more short counseling sessions. Individuals who are considered high risk for abuse or addiction are given a brief intervention counseling session and are also scheduled for a brief treatment appointment.

An evaluation of 20 counties found a definitive decline in substance abuse rates during pregnancy and low birth weights. San Bernardino County recorded an 18 percent reduction in low birth weights over three years among women whose physicians provided screening and brief interventions compared with women whose physicians did not provide those services.

Effective January 2007, the Centers for Medicare and Medicaid Services (CMS) approved two new level II Healthcare Common Procedure Coding System (HCPCS) codes that allow providers to bill and get reimbursement for alcohol and drug abuse Screening and Brief Intervention (SBI) services.

In order for providers to receive Medicaid SBI reimbursement, the state must activate two new billing codes and appropriate funds for these services. According to the Department of Health Care Services (DHCS), these codes have not been activated due to the state's budgetary shortfalls. The Department believes activating these codes would result in upfront cost related to increased reimbursements to providers who furnish these new SBI services.

Services not covered by Medical are passed off onto the counties general fund for payment. Most counties already provide services in the emergency room for these adversely affected children and mothers. AB 217 establishes the Medi-Cal "Alcohol and Drug Screening and Brief Intervention Services Matching Fund" to allow counties to draw down available federal funds for screening and intervention.

THIS BILL

The bill sets up a voluntary-participation program for the counties allowing counties to provide the State's required 50% share of cost. The bill would enable counties already providing these services to draw down federal revenue. For every local dollar invested, counties will receive a dollar match from the federal government.

This bill creates the Medi-Cal Alcohol and Drug Screening and Brief Intervention Services Matching Fund in the State Treasury. This fund would be administered by the State Department of Alcohol and Drug Programs in collaboration with the State Department of Health Care Services.

SUMMARY

AB 217 will increase the use of this effective tool, make the services more affordable, and lead more counties to provide these critical screenings and brief interventions to help reduce the incidence of exposed newborns.

STATUS/VOTES

Referred to the Assembly Health Committee

SUPPORT

California Alcohol and Drug Administrators

OPPOSITION

Staff Contact: Sunshine Borelli (408) 282-8920